

ART. III.—CASE OF NOCTURNAL ROTARY SPASM.*

BY M. PUTNAM-JACOBI.

THE case of rotatory spasm I have asked permission to describe to the Society, exists in a boy of three years of age, remarkably chubby, and presenting the appearance of the most perfect health. Since his birth, he has never had any illness except a mild attack of scarlatina, which occurred six months after the first development of the present affection. This began at the age of 18 months—thus 18 months ago. The mother then noticed, that after the child had been asleep for a couple of hours, he would turn over on his right side, drawing the right arm above his head, and applying the left hand over the left ear. Once in this position, he would begin to oscillate his head on the pillow from right to left, in a perfectly rhythmical manner. The oscillation would be maintained for about half an hour, and then the child slept quietly again. From the time this phenomenon was first observed, no night passed without its occurrence; but for the first six months, the rotary movements were not very rapid—did not last very long—and thus did not attract any great attention. They were ascribed to a morbid habit of no especial significance. During the last year, however—thus ever since the attack of scarlatina—the oscillation has increased in rapidity, in duration, and even in extent. At first exclusively confined to the head, the rotation has successively involved the shoulders and the trunk. At first confined to half an hour, it now habitually lasts several hours, and even the whole night.

It is noticed that if after the paroxysm had begun at nine and lasted an hour, the child was awakened, he would sleep quietly until midnight, but that then the movement would recommence and become most violent between five and six in the morning. After that he would fall into a very heavy

* Read before the New York Neurological Society.

infer a neurosis of an epileptiform nature, which, in its constant progress, is liable at any time to invade the pons, and occasion an outbreak of true epileptic convulsions. Such a stamp would explain the peculiarity of occurrence during sleep; period of repose for choreiform affections, and with them for the ordinary *spasmus nutans*.

I should be very happy if any member of the Society may pursue further than I have been able to do, the analysis of this case.

ART. IV.—THE TRANSFER OF SENSATIONS.*

BY PROF. ROBERTS BARTHOLOW, M. D., LL.D.

IT would seem to be a labor of supererogation to recall to the attention of this body those recent observations which have had for their object the decision of the question in respect to the route of communication between the sensory tracts on the two sides. Nevertheless, to properly introduce the subject, I must state the results which have been accomplished by the mode of experimentation which I have myself pursued, and briefly indicate the present condition of physiological knowledge on the particular point involved in my inquiry.

Brown-Séquard, as everybody knows, demonstrated the decussation of the sensory fibres to occur along the cord at numerous, if not innumerable points. It is true, he has since modified his opinions somewhat as to the exact seat of the decussation. That the grey substance of the cord is the channel of conduction of sensory impressions seems abundantly established by the recent experiments of Schiff (*Wiener med. Wochenschrift*, No. 43, 1879). By division of the white matter sensation was not impaired, but when the grey matter

*Read before the American Neurological Association at the annual meeting, June 16, 1880.